

N110000009234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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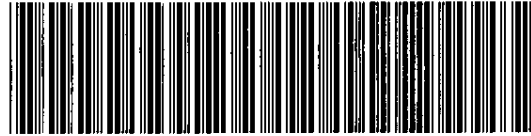
(Business Entity Name)

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*Ames*

11 DEC 28 AM 9:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

*12-29-11*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 15, 2011

ANNETTE M. VILLENA  
THE SWEAT SHOP DANCE FOUNDATION INC  
11115 SW 119 ST  
MIAMI, FL 33176

SUBJECT: THE SWEAT SHOP DANCE FOUNDATION, INC.  
Ref. Number: N11000009234

We have received your document for THE SWEAT SHOP DANCE FOUNDATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If amending the officers/directors, please list all officers/directors of the corporation above on page 2 as you now want the record to be.

The date of adoption of each amendment must be included in the document.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 011A00028022

RECEIVED  
IN DEC 28 AM 8:13  
TALLAHASSEE, FLORIDA

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: The Sweet Shop Dance Foundation, Inc.

DOCUMENT NUMBER: N11000009234

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Annette M Villeng

(Name of Contact Person)

The Sweet Shop Dance Foundation, Inc.

(Firm/ Company)

11115 SW 119 ST

(Address)

Miami, FL 33176

(City/ State and Zip Code)

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Annette M. Villeng

(Name of Contact Person)

at

(305) 259-6960

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>enclosed) |
|---|--|---|--|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

The Sweat Shop Dance Foundation, Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

N11000009234

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

(Florida street address)

New Registered Office Address:

(City)

, Florida

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
Signature of New Registered Agent, if changing

FILED

11 DEC 28 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.**

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)	Name	Address
1) <u>P</u>	<u>Annette M. Villena</u>	<u>11115 SW 119 ST</u> <u>MIAMI, FL 33176</u>
2) <u>S</u>	<u>Annette M. Villena</u>	<u>11115 SW 119 ST</u> <u>MIAMI, FL 33176</u>
3) <u>T</u>	<u>Annette M. Villena</u>	<u>11115 SW 119 ST</u> <u>MIAMI, FL 33176</u>
4) <u>D</u>	<u>LISA Daniels</u>	<u>11115 SW 119 ST</u> <u>MIAMI, FL 33176</u>
5) <u>D</u>	<u>Ellina B. Markell</u>	<u>11115 SW 119 ST</u> <u>MIAMI, FL 33176</u>
6) <u>D</u>	<u>Mariana Hernandez</u>	<u>11115 SW 119 ST</u> <u>MIAMI, FL 33176</u>

**If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:**

Title(s)	Name	Title(s)	Name
1) <u>P</u>	<u>Dmanda T Alvarez</u>	4) _____	_____
2) <u>S</u>	<u>Dmanda T Alvarez</u>	5) _____	_____
3) _____	_____	6) _____	_____

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears slightly aged or off-white. There are some very faint, small dark spots or smudges near the bottom right corner, possibly from the scanning process or the paper itself. No text or other markings are present on the page.

The date of each amendment(s) adoption: \_\_\_\_\_

11/23/11

Effective date if applicable: \_\_\_\_\_

11/23/11

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

**(CHECK ONE)**

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated \_\_\_\_\_

12/6/11

Signature \_\_\_\_\_

Donette M. Villena

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Donette M. Villena

(Typed or printed name of person signing)

President

(Title of person signing)